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| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) Houck 5-2-1-3 (ALU/125696) |
| In re Application of <div style="text-align: center;">David J. Houck</div> | | |
| Application Number <div style="text-align: center;">10/657,864</div> | | Filed <div style="text-align: center;">9/9/03</div> |
| For METHOD AND APPARATUS FOR MANAGEMENT OF VOICE- OVER IP COMMUNICATIONS | | |
| Art Unit <div style="text-align: center;">2416</div> | | Examiner <div style="text-align: center;">Jianye Wu</div> |

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. The fee of **\$540 + \$490** has been paid with the submission of this paper using the Patent Electronic Business Center. In the event of an additional fee, kindly charge that fee to Deposit Account No. 50-4802.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____.

☒ A two-month extension of time under 37 CFR 1.136(a) is requested. **\$490**


I am the

☐ applicant /inventor.

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.
Registration number 39,414

☐ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____



 Signature

 Eamon J. Wall
 Typed or printed name

 732-842-8110 X120
 Telephone number
62909
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.